

**DEBT MANAGEMENT APPLICANT'S CONSENT TO SERVICE OF PROCESS**

(This form is required pursuant to Sec. 5 of the Debt Management Act, P.A. 148 of 1975, as amended.)

**KNOW ALL MEN BY THESE PRESENTS:**

That the undersigned, \_\_\_\_\_, corporation, partnership, limited liability company, sole proprietor or other organized under the laws of the State of \_\_\_\_\_ for the purpose of complying with the Debt Management Act, P.A. 148 of 1975, as amended, does hereby irrevocably appoint the Commissioner of the Office of Financial and Insurance Services, and the successors in such office, as its attorney in the State of Michigan upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of or in connection with the debt management business or out of violation of the Debt Management Act; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court or competent jurisdiction and proper venue with the State by service of process upon said officer and shall be valid and binding as it service has been made upon the undersigned.

By _____	Title _____	Date _____
By _____	Title _____	Date _____

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_.

County of \_\_\_\_\_, State of \_\_\_\_\_.

My Commission expires \_\_\_\_\_

\_\_\_\_\_

(Notary Public)

**Michigan Department of Labor & Economic Growth**

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